

Georgia Department of Revenue Motor Vehicle Division

This notice must be **completely** filled out and forwarded by **registered mail**, return receipt requested to the person holding the Certificate of Title. **Retain** the registered mail receipt.

Certificate of Title Notice

To: _____
(Name of Person Holding the Certificate of Title)

(Mailing Address) (City) (State)

You Are Hereby Notified: As provided by Section 40-3-52 of the Georgia Annotated Code,

_____, of
(Name of Applicant)

(Address)

Gives notice that he has the right to have the following:

() Addition of a Security Interest () Assignment of a Security Interest or Lien () Release of a Security Interest or Lien

as described on the attached application, reflected on Motor Vehicle Certificate of Title Number _____
presently in your possession which was issued for the below described vehicle.

(Vehicle Identification Number) (Year Model & Make of Vehicle) (Style of Body) (Model Name)

(Owner's Name)

(Street Address) (City and State) (Zip Code)

You are required by law to forward **within 10 days**, this notice, the attached application, title fee (\$18.00), and other attached documents, if any, along with the **Certificate of Title No.** _____, being held by you to:

**Department of Revenue
Motor Vehicle Division
P.O. Box 740381
Atlanta, Georgia 30374-0381**

Upon completion by the Department, the Certificate of Title will be returned to you. (If you remain the first security interest or lien holder against this vehicle).

If you do not have possession of the Certificate of Title described herein, check this block () and return this notice and documents to the applicant at the address shown below.

Signed _____
(Name of Applicant)

By _____
(Authorized Representative)

Address _____
(Street Address)

(City and State)

(Note: Failure to forward these documents as required by law is a criminal offense)
Important Notice: This form must be typed. Any alteration or correction voids this form.